

ORIGINAL

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE



RENEE M. BUTZ,

Plaintiff,

v.

LAWNS UNLIMITED, LTD.

Defendant,

Civ. No. 05-495-JJF

Judge Joseph J. Farnan Jr.

APPENDIX TO PLAINTIFF'S AMENDED DAMAGES CLAIM



Renee M Butz

Renee M. Butz
Pro Se
58 Hickory Drive
North East, MD 21901
410-441-4300

DATE: September 2, 2008

TABLE OF CONTENTS

2003.12.30 Medical Expense Claim Detail.....	B:B13A
xxxx.xx.xx Health Insurance Comparison.....	H1A:H9A
xxxx.xx.xx Medical Insurance Premium Detail.....	I1A:I5A
xxxx.xx.xx Lost Wages Claim Detail.....	W:W30B
Unemployment Compensation.....	W1A:W2A
Lawns Unlimited Pay Stub.....	W3A
Job Duties – Office Manager.....	W4A:W5A
2002 Lawns Unlimited Pay Records.....	W8A:W31A
2003 Lawns Unlimited Pay Records.....	W8B:W30B
2007.08.30 Excerpts from Fleming Deposition.....	W32A:W33A
xxxx.xx.xx Miscellaneous Expenses Claim Detail.....	M:M15B
2007.09.13 Delaware Insurance Commissioner’s Office Email.....	S1A
xxxx.xx.xx Newborn Children Law.....	S2A
2004.02.09 Certificate of Group Health Plan Coverage.....	S3A:S4A
2007.11.09 Certification of Scott Butz.....	S5A:S6A
2007.08.30 Excerpts of Fleming Deposition.....	P1A
2004.01.07 Fleming to Butz Termination Letter.....	P2A
2004.01.08 Fleming Fax to Howard: Termination Letter.....	P3A
2007.11.05 Certification of Michael Butz.....	P4A:P5A
2008.07.30 Judge Joseph Farnan Jr. Order.....	P6A
2007.10.17 Jointly Stipulated Uncontested Facts.....	P7A

MEDICAL EXPENSE CLAIM DETAIL

Date	Vendor	Reference #	Description	Invoice Amount	Amount Paid by Insurance	Amount Written Off	Co-Pay/Deductible Amounts	Amount of Medical Claim (after co-pay)	For Whom
12/30/03-01/01/04	Beebe Medical	B1A	Delivery	6,464.95	6,114.95	-	100% coverage	350.00	Renée
12/30/03-01/01/04	Bayside Health OB/GYN	B2A	Delivery	3,500.00	1,960.00	1,300.00	100% coverage	240.00	Renée
01/01/04	Eckerd	B3A - B4A	Prescription	3.54	-	-	15.00	-	Renée
01/01/04	Eckerd	B3A:B5A	Prescription	4.96	-	-	15.00	-	Renée
01/02/04	William B Funk MD	B6A	Well Visit	60.00	-	-	15.00	-	Corrine
01/04/04	Christiana Care Health Services	B7A	Lab	11.50	-	-	100% coverage	45.00	Corrine
01/04/04-01/06/04	Christiana Care VNA	B8A	Phototherapy	363.00	-	-	100% coverage	11.50	Corrine
01/05/04	Christiana Care VNA	B9A	Nurse Visit	150.00	-	-	100% coverage	363.00	Corrine
01/06/04	Christiana Care VNA	B9B	Nurse Visit	150.00	-	-	100% coverage	150.00	Corrine
01/08/04	William B Funk MD	B10A	Well Visit	60.00	-	-	100% coverage	150.00	Corrine
01/12/04	William B Funk MD	B11A	Visit	110.00	-	-	15.00	45.00	Corrine
02/01/04	Happy Harry's	B12A - B13A	Prescription	30.75	-	-	15.00	95.00	Renée
								15.75	Renée

TOTAL MEDICAL EXPENSE CLAIM

1,465.25

Health Insurance Comparison
 Lawns Unlimited's Optimum
 Choice vs. Cecil County's Blue
 Cross/Blue Shield - Summary
 Optimum Choice Detail
 Blue Cross/Blue Shield Detail

H1A
 H2A - H7A
 H8A - H9A

B



Beebe Medical Center

424 SAVANNAH ROAD
LEWES, DE
19958

BEAUCHEMIN, RENEE M

Service Date: 12/30/03

Service End: 01/01/04

Last Statement Date: 01/09/04

Account Number: 22622369

For Account Information, Please Call (302)645-3546

Statement of Account 01/27/04

Transaction Date	Description	Amount
	PREVIOUS BALANCE	6,464.95
01/23/04	COMMERCIAL MANAGEDCA A05 MAMSI/OPTIMUM	5,920.98-
01/23/04	COMMERCIAL MAN CARE A05 MAMSI/OPTIMUM	193.97-

Estimated Insurance Due: .00

Total Patient Credits: .00

Account Balance: 350.00

YOUR INSURANCE HAS PAID YOUR CLAIM AND DETERMINED THAT THE ACCOUNT BALANCE IS YOUR RESPONSIBILITY. PLEASE PAY PROMPTLY.

Please detach and return with your payment

BIA

DIAG. CODE	SERVICE DATE	PROCEDURE REFERENCE	PATIENT NAME	LOC	DESCRIPTION	CHARGES/PAYMENTS/ADJ.	
						PATIENT	INSURANCE
633.1	08/05/02	59120	RENEE	OH	TREATMENT OF ECTOPIC PREGNANCY	1600.00	
	07/30/03	SAR421			PRIVATE CHECK PMT.	-15.00	
	08/06/03	SAR427			PRIVATE CHECK PMT.	-15.00	
	09/26/03	SAR452			PRIVATE CHECK PMT.	-15.00	
	10/22/03	SAR502			PRIVATE CHECK PMT.	-15.00	
	09/10/02	SAR138			PRIVATE CHECK PMT.	-20.00	
	10/05/02	SAR149			PRIVATE CHECK PMT.	-15.00	
	11/21/02	SAR301			PRIVATE CHECK PMT.	-15.00	
	12/18/02	SAR313			PRIVATE CHECK PMT.	-15.00	
	01/17/03	SAR324			PRIVATE CHECK PMT.	-15.00	
	03/04/03	SAR344			PRIVATE CHECK PMT.	-15.00	
	03/12/03	SAR350			PRIVATE CHECK PMT.	-15.00	
	04/09/03	SAR364			PRIVATE CHECK PMT.	-15.00	
	05/21/03	SAR389			PRIVATE CHECK PMT.	-15.00	
	06/20/03	SAR405			PRIVATE CHECK PMT.	-15.00	
	11/14/03	SAR514			PRIVATE CHECK PMT.	-15.00	
	12/12/03	AS526			PRIVATE CHECK PMT.	-15.00	
	01/06/04	BAM540			PRIVATE CHECK PMT.	-15.00	
	01/20/04				MISC.CREDIT ADJUSTME	-210.00	
	01/28/04	C#554			PRIVATE CHECK PMT.	-15.00	
	THANK YOU FOR YOUR RECENT		PAYMENT !				
641.01	12/30/03	59510	RENEE	IH	C-SECTION	3500.00	
	02/23/04	BAM10764021			MDIPA PAYMENT	-1960.00	
	02/23/04	BAM10764021			MDIPA WRITE-OFF	-1300.00	

3/21 \$15 chr # 566

THANK YOU FOR KEEPING YOUR ACCOUNT CURRENT. BALANCES ARE DUE WHEN BILLED.

CURRENT	30-60	60-90	90-120	OVER 120		PATIENT	INSURANCE
1355.00	0.00	0.00	0.00	0.00	PLEASE PAY THIS AMOUNT > > >	\$1355.00	0.00
ANALYSIS OF PATIENT NEW BALANCE					BAYSIDE HEALTH OBGYN		
03/10/04	30.00	82490					
STATEMENT DATE	PATIENT PAID YTD	ACCOUNT NUMBER					



B2A



Right there with you™

STORE # 6377

701 GOVERNORS PLACE

BEAR, DE 19701

(302) 836-2966

YOUR CASHIER TODAY IS JACOB

ASSOC #05246 REG #005 DRAWER #1

TRANS #02524 TYPE #01 STORE #6377

NORMAL SALE

952820 RX 246925100 4.96

952820 RX 646925200 3.54

TOTAL 8.50

DEBIT CARD 8.50

DEBIT CARD#: XXXXXXXXXXXX5704

** THANK YOU FOR SHOPPING AT ECKERD **

** 1-800-ECKERDS www.eckerd.com **

January 01, 2004

04:53 PM

B3A

Be
Date: 01/01/04
(302)229-6853
DOB 01/01/XX



Rx#: 6469252-00

Beauchemin, Renee

\$3.54

Bear

Tx#: 0843712

Bear, DE 19701

MDIPA

Call 01/04/04	Call 01/08/04	Pull 01/15/04
---------------	---------------	---------------

ECKERD*A pharmacy. First.***RxAdvisor****CHECK ☒ with ME**

Valuable Information Inside
About Your
Prescription Medication

Rx#: 6469252
Tx#: 0843712****OBTAIN ACK****Renee Beauchemin
01/01/04
Patient Pay: \$3.54
Baker #0021

B4A

Be Date: 01/01/04
(302)229-6853
DOB 01/01/XX
Beauchemin, Renee Rx#: 2469251-00
Bear \$4.96
Bear, DE 19701 Tx#: 0843711
MDIPA
Call 01/04/04 Call 01/08/04 Pull 01/15/04

ECKERD*A pharmacy. First.***RxAdvisor****RX**

Valuable Information Inside
About Your
Prescription Medication

Rx#: 2469251
Tx#: 0843711

****OBTAIN ACK****

Renee Beauchemin
01/01/04
Patient Pay: \$4.96

BSA

DRS. FUNK & METZGER & WALTON
665 CHURCHMAN ROAD
NEWARK DE 19702
510249275(F)
TAX ID #: 510270242(M)

08-01-06

CORRINE BUTZ 010083
58 HICKORY DR
NORTH EAST MD 21901

DATE	PROC	DESCRIPTION	DR PL DIAGNOSES	CHARGES
01-02-04	99213	CV LEVEL 3 EST PT	MBF 0 774.6	60.00
		TOTAL CHARGES		60.00
		VISA PAYMENT		60.00
		TOTAL BALANCE DUE		.00

DIAGNOSES:

774.6 JAUNDICE, NEWBORN

B6A



CHRISTIANA CARE
HEALTH SERVICES

STATEMENT OF ACCOUNT

51011627-001/A0

BUTZ, CORRINE
2 CYMBOL CT
NEWARK

DE 19702

THESE CHARGES ARE FOR LABORATORY
TESTING REQUESTED BY YOUR
PHYSICIAN. PLEASE PAY THE
BALANCE IN FULL PROMPTLY.
(302) 623-7000

ACCOUNT NO.	PATIENT NAME	FROM DATE	THRU DATE
51011627	BUTZ, CORRINE	01/04/04	01/04/04

DESCRIPTION	AMOUNT
BALANCE FORWARD	11.50
<p><i>ipb scott #534</i> <i>2/26</i></p>	\$11.50

B-7A

Optimum Choice, Inc.
HEALTH PLAN

If you have any questions please contact the
Member Services Department at:
(301) 360-8040 or 1-800-331-2102

Explanation of Benefits (EOB)

*** THIS IS NOT A BILL ***

Page 2

Member Number: C0398449*01
Member Name: RENEE M BEAUCHEMIN

Reference Number	Check Number	Provider Number	Provider Name	Dates of Service From To	Service Provided	Requested Charges	Allowable Charges	Plan Obligation	Par Dr. Savings	Copay	Deductible	Exp1 Code
H04029028272		247507	VNA HOME MEDICAL EQUIPMEN	01-04-04 01-06-04	PHOTOTHERAPY LIGHT W/PHOTOM	\$363.00	\$0.00	\$0.00	\$0.00	\$363.00	\$0.00	24
Totals:												
Member obligation is the sum of Copay and Deductible columns.											\$0.00	
Your total obligation to Vna Home Medical Equipment is \$363.00.												

If you have other insurance coverage in addition to this Plan's coverage, and you need an explanation of the Plan's benefit determination for submission to your other insurance coverage, please call the above telephone number.

Please see reverse side for the Explanation codes.

B8A

ONE READS WAY SUITE 100
NEW CASTLE, DE 19720

(302) 327-5200

5 FED TAX NO.

510064334

6 STATEMENT COVERS PERIOD

010104

013104

7 COV D.

8 N-C.D.

9 C-I-D

10 L-R-D

11

00191118

32

12 PATIENT NAME

13 PATIENT ADDRESS

BUTZ, CORR E

2 CYMBAL COURT, NEWARK, DE 19702

14 BIRTHDATE

15 SEX

16 MS

17 DATE

ADMISSION

18 HR

19 TYPE

20 SRC

21 D HR

22 STAT

23 MEDICAL RECORD NO.

24

25

26

27

28

29

30

31

12302003

F

S

010504

01

00125814

32 CODE

OCCURRENCE DATE

34 CODE

OCCURRENCE DATE

36 CODE

OCCURRENCE SPAN

FROM THROUGH

37

A

B

C

BEAUCHEMIN BUTZ, RENEE
2 CYMBAL COURT

NEWARK, DE 19702

39 CODE

VALUE CODES

AMOUNT

41 CODE

VALUE CODES

AMOUNT

a

b

c

d

61

9160.00

42 REV CD.

43 DESCRIPTION

44 HCPCS / RATES

45 SERV. DATE

46 SERV. UNITS

47 TOTAL CHARGES

48 NON-COVERED CHARGES

49

551

SKILLED NURSING MCH HT

150.00

010504

1

150.00

B9A

551

SKILLED NURSING MCH HT

150.00

010604

1

150.00

B9B

001

TOTAL

150.00

2

300.00

paid \$50
chk # 590

6/1/04

0 PAYER

51 PROVIDER NO.

52 REL INFO

53 ASG BEN

54 PRIOR PAYMENTS

55 EST AMOUNT DUE

56

BEAUCHEMIN BUTZ RENEE

Y

DUE FROM PATIENT ▶

300.00

INSURED'S NAME

59 P.REL

60 CERT. - SSN - HIC - ID NO.

61 GROUP NAME

62 INSURANCE GROUP NO.

TREATMENT AUTHORIZATION CODES

64 ESC

65 EMPLOYER NAME

66 EMPLOYER LOCATION

PRIN. DIAG. CD

68 CODE

70 CODE

OTHER DIAG. CODES

72 CODE

74 CODE

76 ADM. DIAG. CD.

77 E-CODE

78

774.6

80

PRINCIPAL PROCEDURE

CODE DATE

81

OTHER PROCEDURE

CODE DATE

82

ATTENDING PHYS. ID

D01020

FUNK, WILLIAM B

83 OTHER PHYS. ID

OTHER PHYS. ID

MARKS

FOR BILLING INQUIRIES PLEASE CALL:

302 327-5200

85 PROVIDER REPRESENTATIVE

86 DATE

X CAROL GLASS

052104

DAS, FUNK & METZGER & WALTON 08-01-06
 665 CHURCHMAN'S ROAD
 NEWARK DE 19702
 510249275(F)
 TAX ID #: 510270242(M)

CORRINE BUTZ 010083
 59 HICKORY DR
 NORTH EAST MD 21901

DATE	PROC	DESCRIPTION	DR PL DIAGNOSES	CHARGES
01-08-04	99213	OV LEVEL 3 EST PT	MBF D 774.6	60.00
		OC STATES WE ARE NOT PCP		
		TOTAL CHARGES		60.00
		VISA PAYMENT		60.00
		OPTIMUM CHOICE PYMT		.00
		TOTAL BALANCE DUE		.00

DIAGNOSES:
 774.6 JAUNDICE, NEWBORN

B10A

LIAM B. FUNK, M.D., P.A.
 5 CHURCHMANS ROAD
 WARK, DE 19702-1918
 (2) 731-0900

STATEMENT

STATEMENT DATE	PAGE
02-17-04	1

TAX I.D. #51-0408155

TRANSACTION DATE	INV. NO.	DESCRIPTION OF SERVICES	DOCTOR	CHARGES	CREDITS	BALANCE
-12-04	1	OV, NEW PT, LEVEL 3	RENEE	110.00		110.00
-12-04	1	VISA PAYMENT			-15.00	95.00
-20-04	1	OPTIMUM CHOICE PYMT	011604		.00	95.00
-20-04	1	OC STATES WE ARE NOT PCP				
<div style="text-align: center;"> <p><i>pix</i></p> <p><i>CHK # 533</i></p> <p><i>2/20</i></p> </div>						
95.00	.00	.00	.00	.00	← ACCOUNT AGE ANALYSIS	TOTAL AMOUNT DUE → 95.00
CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS		

$$\begin{array}{r}
 110.00 \\
 -15.00 \\
 \hline
 95.00
 \end{array}$$

B11A

STAP
HE

**HAPPY
HARRY'S**

1120 PULASKI HIGHWAY
BEAR, DE 19701
(302) 832-2300

02/01/04

AMOUNT \$ 30.75

Rx: 6403864

BEAUCHEMIN-BUTZ, RENEE

01011976

2 CYMBAL CT
NEWARK, DE 19702

BALANCE DUE \$ 30.75



Rx Num: 6403864

Tx Num: Carri

Tq Num: 1958675 Patie

Fill: 02/01/2004 Dr

Status: RECEIVED F

Paid: REJT Refe

Type: P5C C

Passwd:

PROCESS CLAIM WITH NEW I
For assistance to resolv
"For Pharmacists"

S **INSURANCE** t

Card In Bag

68 : COVERAGE EXPIRED

B12A

RY'S HAPPY HARRY'S HAPPY HARRY'S HAPPY HARRY'S HAPPY HARRY'S

HAPPY HARRY'S GLENDALE PLAZA
1120 PULASKI HWY
BEAR, DE 19701
302-832-2300

65 PHARMACEUTICAL	30.75
TAX 0.00 DUE	30.75
CREDIT	(30.75)
CHANGE	0.00

DEBIT: XXXXXXXXXXXX5704
APPR:
I agree to pay above total amount
according to card issuer agreement.

Cashier: amyb 634 # 52
(REPRINT #1)
Register: REG5 Feb 1 2004 3:13 PM

THANK YOU FOR SHOPPING
HAPPY HARRY'S
Visit our Website www.happy.com

B13A

Health Insurance Comparison
Lawn's Unlimited Optimum Choice vs. Cecil County's Blue Cross / Blue Shield

	Lawns Unlimited Optimum Choice	Cecil County Blue Cross/Blue Shield
Annual Deductible	None	\$300 In-Network \$300 Out-of-Network
Out of Pocket Maximum	N/A	\$1,500
Lifetime Maximum	Unlimited	\$2,000,000
Primary Care Physician	\$10 Co-pay	\$10 Co-pay
Specialty Care Physician	\$15 Co-Pay	\$20 Co-pay
Hospital Room & Board	Covered in Full	90% After Deductible
Inpatient Physician Services	Covered in Full	90% After Deductible
X-Ray & Lab Services	\$15 Co-pay	90% After Deductible
Emergency Room	\$50 Co-pay	90% After Deductible
Prescription - Retail Generic Formulary Brand	\$15 Co-pay - 30 day supply \$25 Co-pay - 30 day supply \$45 Co-pay - 30 day supply	\$10 Co-pay - 30 day supply 25% of cost up to \$50 - 30 day supply 25% of cost up to \$50 - 30 day supply
Prescription - Mail Order Generic Formulary Brand	Not Available Not Available Not Available	\$10 Co-pay - 90 day supply 25% of cost up to \$50 - 90 day supply 25% of cost up to \$50 - 90 day supply

HIA

D00390

OPTIMUM
CHOICE, INC.SM
A MAMSI/UnitedHealthcare Company

EVIDENCE OF COVERAGE

OPTIMUM
CHOICE, INC.SM
A MAMSI/UnitedHealthcare Company

4 Taft Court
Rockville, MD 20850

CW

10 02 06 228 0604

0401166-1098DE

7A

H2A

D00391

H3A

D00392

INTRODUCTION

OPTIMUM CHOICE, INC. (OCI) HEALTH PLAN EVIDENCE OF COVERAGE

Welcome to OCI, your Quality Care Health Plan. We appreciate your participation with OCI, and look forward to providing you with comprehensive, coordinated health care.

This Evidence of Coverage was designed to provide you with a detailed explanation of the health care coverage provided through OCI for you and the members of your family.

Your Primary Care Physician is responsible for providing or coordinating your medical care, including referrals for Specialty care and Hospital care, when Medically Necessary. **Please note that OCI may not pay for Medical Services which you obtain without prior approval by your Primary Care Physician (except in a Medical Emergency or an unforeseen illness or injury which occurs while you are outside of the OCI Service Area).**

To understand exactly what your participation entails, please read this booklet carefully and jot down any points you may not understand or want to have verified. The answers may be as close as your telephone, 24 hours a day, 7 days a week: (301) 360-8115, toll-free (800) 709-7604, or TTY (for the hearing impaired) (301) 309-1710; or feel free to visit our offices during normal business hours: Monday through Friday, 8:30 a.m. to 5:30 p.m. We are located at 4 Tatt Court, Rockville, MD 20850 & 800 Oak Street, Frederick, MD 21703.

Sincerely,



Thomas Barbera
President

H4A

FROM

(MON) JAN 22 2007 18:58/ST. 18:57/No. 7500000313 P 5

Your Health Benefits At a Glance			
Annual Deductible	Individual	Family	None
			None
Lifetime Maximum Benefit			Unlimited
Outpatient Services			
Primary Care Physician Office Visits			\$10 Copayment
Specialty Care Physician Office Visits			\$15 Copayment
Adult Physicals and Well Child Care			\$10 Copayment
Mammography Screening			\$15 Copayment
Allergy Testing/Treatment			\$25 Copayment
Annual GYN Exam			\$15 Copayment
Maternity Care			\$15 Copayment
Diagnostic Laboratory and X-Ray Services			\$15 Copayment
Chiropractic Services			50% Copayment
Norplant Services			50% Copayment
Infertility Services			50% Copayment
Physical, Occupation, Speech, Cognitive Therapy - 60 combined visits			\$15 Copayment
Emergency Room Services			\$50 Copayment
Urgent Care Services			\$15 Copayment
Outpatient Hospital Services			\$50 Copayment
Durable Medical Equipment			50% Copayment
Prosthetic Devices/Orthopedic Braces			50% Copayment
Home Health Care			Covered in Full
Inpatient Services			
Hospital Room & Board			Covered in Full
Inpatient Physician's Services			Covered in Full
Other Inpatient Services			Covered in Full
Hospice Care			Covered in Full
Skilled Nursing Facility Care (60 days/year.)			Covered in Full

HSA

D00393

D00394

Inpatient Admissions require Preauthorization	Primary Care Physician Is Responsible
Mental Health/Substance Abuse	
Inpatient Mental Health Services (30 days/Contract Year.)	\$50 Copayment
Outpatient Mental Health Services (20 visits/Contract Year)	50% Copayment
Inpatient Substance Abuse Services (30 combined days/Contract Year & 90 day limit/lifetime)	OCI pays the first \$80, the Member is responsible for the next \$50, & OCI will pay remainder up to \$130 per inpatient day
Outpatient Substance Abuse Services (20 visits/Contract Year)	50% Copayment
Other Health Care Services	
Organ Transplant Services	liver (for children under 18) kidney, bone marrow, cornea
Whole Blood	Not a Covered Service

This chart outlines a summary of benefits only. For a detailed description of benefits, limitations and exclusions, please see Section III, Benefits Description, in this Evidence of Coverage Booklet.

* Prescription Prior Summary To Follow

H6A



M.D.I.P.A.™ OPTIMUM CHOICE™ MAMSI.™
THE MAMSI HEALTH INSURANCE COMPANY

September 24, 2007

4 Tall Court, Rockville MD 20850
www.mamsiUnitedHealthcare.com

Renee Beauchemin
58 Hickory Dr.
North East, MD 21901

RE: Customer Name: Renee Beauchemin
Customer Number: C0398449*01
Optimum Choice, Inc. ® (OCI)
Reference Number: M0726000470

Dear Ms. Beauchemin:

This letter is a follow up to your telephone conversation with a Customer Care Professional on September 17, 2007, regarding your prescription coverage while your Optimum Choice, Inc. ® (OCI) policy was active.

As discussed, medications could be filled for up to a maximum of a thirty-one (31) days supply at a time. Your prescription copayments were as follows:

Tier 1:	\$15.00
Tier 2:	\$25.00
Tier 3:	\$45.00
Injectables:	20% up to \$50.00

If you have any questions, please contact our Customer Care Department by telephone at the number listed on your health plan identification card. Please mention the above-noted reference number when inquiring about this matter.

Sincerely,

Tamara Eisenhart
Customer Care

HLH

CECIL COUNTY EMPLOYEE BENEFIT PLAN
Effective January 1, 2004

PLAN DESIGN	Blue Cross and Blue Shield Standard Option PPO Plan		Blue Cross and Blue Shield High Option PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductibles				
• Individual	\$300	\$300	\$100	\$100
• Individual +1	\$600	\$600	\$200	\$200
• Family	\$900	\$900	\$300	\$300
Coinsurance	75%	65%	90%	75%
Copayment	\$10 Primary Care Physician (PCP) \$20 Specialist	None	\$10 Primary Care Physician (PCP) \$20 Specialist	None
Out of Pocket Maximum				
• Individual		\$1,500		\$1,100
• Individual +1		\$3,000		\$2,200
• Family		\$4,500		\$3,300
Includes deductibles and coinsurance			= you pay risk deductibles & coinsurance - everything 100%	
Lifetime Maximum		\$2,000,000		\$2,000,000
Preventive Care				
Routine Physical (1 per CY - employee and/or spouse only)	100% after copayment	65% after deductible	100% after copayment	75% after deductible
Routine GYN (1 per CY - employee and/or spouse only)	100% after copayment	65% after deductible	100% after copayment	75% after deductible
Well Child Care (through age 12)	100% after copayment	65% after deductible	100% after copayment	75% after deductible
Immunizations	100%	100%	100%	100%
Routine Mammogram	100% after copayment	65% after deductible	100% after copayment	75% after deductible
Prostate Cancer Screening	100% after copayment	65% after deductible	100% after copayment	75% after deductible
Osteoporosis Prevention	100% after copayment	65% after deductible	100% after copayment	75% after deductible
Hospitalization				
Pre-Certification- Continued Stay Review	25% penalty up to a maximum reduction of \$500 for failure to pre-certify a hospital admission			
Room & Board and Inpatient Services	75% after deductible	65% after deductible	90% after deductible	75% after deductible
Physician/Hospital Services				
Surgery	75% after deductible	65% after deductible	90% after deductible	75% after deductible
X-ray and Lab	75% after deductible	65% after deductible	90% after deductible	75% after deductible
2 nd Surgical Opinion Voluntary	75% after deductible	65% after deductible	90% after deductible	75% after deductible
Emergency Room	75% after deductible	75% after deductible	90% after deductible	90% after deductible
Office Visits	100% after copayment	65% after deductible	100% after copayment	75% after deductible

H8A

CECIL COUNTY EMPLOYEE BENEFIT PLAN
Effective January 1, 2004

PLAN DESIGN	Blue Cross and Blue Shield Standard Option PPO Plan		Blue Cross and Blue Shield High Option PPO Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Miscellaneous Services				
Physical, Occupational and Speech Therapy (60 visits each per 180 day period)	75% after deductible	65% after deductible	90% after deductible	75% after deductible
Chemotherapy and Radiation	75% after deductible	65% after deductible	90% after deductible	75% after deductible
Chiropractic Care (\$1,500 max per CY)	75% after deductible	65% after deductible	90% after deductible	75% after deductible
Durable Medical Equipment	75% after deductible	65% after deductible	90% after deductible	75% after deductible
Skilled Nursing Facility	75% after deductible	65% after deductible	90% after deductible	75% after deductible
Home Health Care (240 days per year)	75%	65%	90%	75%
Hospice Care (\$10,000 lifetime maximum)	100%		100%	
Ambulance	75% after deductible	65% after deductible	90% after deductible	75% after deductible
Infertility Services Up to \$12,000 maximum per CY	75% after deductible	65% after deductible	90% after deductible	75% after deductible
Organ Transplants	75% after deductible	65% after deductible	90% after deductible	75% after deductible
Mental Health and Substance Abuse				
Inpatient (30 days per CY)	75% after deductible	65% after deductible	90% after deductible	75% after deductible
Outpatient (45 visits per CY)	<u>1-20 visits</u> 60% after deductible <u>21-45 visits</u> 50%		<u>1-20 visits</u> 60% after deductible <u>21-45 visits</u> 50%	
Prescription Drug				
<i>Cecil County Pharmacy</i>				
Retail				
Generic	\$10 copayment per prescription or refill –30 days supply			
Brand	25% of the drug cost to a maximum of \$50 –30 days supply			
Mail Order				
Generic	\$10 copayment per prescription or refill –90 days supply			
Brand	25% of the drug cost to a maximum of \$50 –90 days supply			

H9A

MEDICAL INSURANCE PREMIUM DETAIL

Periods	Reference #	Number of Biweekly Periods	Biweekly Premium	Amount of Insurance Claim
March 04 - June 04	I1A	8	32.44	259.52
July 04 - June 05	I2A	24	35.69	856.56
July 05 - June 06	No change	24	35.69	856.56
July 06 - June 07	I3A	24	36.58	877.92
July 07 - June 08	I4A	24	37.68	904.32
July 08 - August 08	I5A	4	39.56	158.24
TOTAL MEDICAL INSURANCE CLAIM				3,913.12

Note: The 3rd pay of any month does not have insurance premium deductions



CECIL COUNTY EMPLOYEE BENEFIT PLAN
BIWEEKLY COST SHEET FOR 24 PAYS
Effective July 1, 2003

MEDICAL & PRESCRIPTION CARD COVERAGE

	<u>EMPLOYEE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
Standard Option	\$25.89	\$56.05	\$64.58
High Option	\$32.44	\$70.44	\$81.10

DENTAL COVERAGE

<u>EMPLOYEE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
\$2.18	\$4.48	\$4.48

VISION COVERAGE

<u>EMPLOYEE</u>	<u>2 PARTY</u>	<u>FAMILY</u>
\$0.38	\$0.59	\$0.59

WORKSHEET

Medical/Prescription Cost:	\$ 81.10
Dental	\$ 4.48
Vision	\$.59
Total/pay	\$ 86.17

IIA

CECIL COUNTY EMPLOYEE BENEFIT PLAN

BI-WEEKLY COST SHEET

EFFECTIVE JULY 1, 2004

STANDARD

<u>MEDICAL COVERAGE</u>	<u>22 PAY</u>	<u>24 PAY</u>	<u>26 PAY</u>
EMPLOYEE ONLY	\$ 31.07	\$ 28.48	\$ 26.29
EMPLOYEE + ONE	\$ 67.27	\$ 61.66	\$ 56.92
FAMILY	\$ 77.50	\$ 71.04	\$ 65.58

HIGH

<u>22 PAY</u>	<u>24 PAY</u>	<u>26 PAY</u>
\$ 38.93	\$ 35.69	\$ 32.94
\$ 84.52	\$ 77.48	\$ 71.52
\$ 97.32	\$ 89.21	\$ 82.35

DENTAL COVERAGE

<u>22 PAY</u>	<u>24 PAY</u>	<u>26 PAY</u>
\$ 2.38	\$ 2.18	\$ 2.01
\$ 4.89	\$ 4.48	\$ 4.14
\$ 4.89	\$ 4.48	\$ 4.14

VISION COVERAGE

<u>22 PAY</u>	<u>24 PAY</u>	<u>26 PAY</u>
\$ 0.41	\$ 0.38	\$ 0.35
\$ 0.64	\$ 0.59	\$ 0.54
\$ 0.64	\$ 0.59	\$ 0.54

I2A

CECIL COUNTY EMPLOYEE BENEFIT PLAN

Bi-Weekly Cost Sheet for 24 Payrolls

Effective July 1, 2008

**MEDICAL & PRESCRIPTION DRUG COVERAGE**

	<u>EMPLOYEE</u>	<u>2-PARTY</u>	<u>FAMILY</u>
Standard Option	\$ 31.57	\$ 68.35	\$ 78.75
High Option	\$ 39.56	\$ 85.89	\$ 98.89

DENTAL COVERAGE

	<u>EMPLOYEE</u>	<u>2-PARTY</u>	<u>FAMILY</u>
	\$ 2.30	\$ 4.73	\$ 4.73

VISION CARE COVERAGE

	<u>EMPLOYEE</u>	<u>2-PARTY</u>	<u>FAMILY</u>
	\$.42	\$.66	\$.66

COST WORKSHEET

Medical & Prescription Care Cost	\$ _____
Dental Cost	\$ _____
Vision Care Cost	\$ _____
 TOTAL DEDUCTION/PAY	 \$ _____

LOST WAGES CLAIM DETAIL

2003 Wages

Description	Reference #	Calculation	Amount	Notes
Wages	W1A - W2A	\$1122 - \$726	396.00	Difference between regular earnings and unemployment compensation. Regular earnings calculated: 11 days x 8 hours x \$12.75/hour = \$1,122.00
Overtime Wages	W3A	6 hours x \$6.38	38.28	Unpaid overtime hours actually worked (was paid at regular \$12/Hour rate
Vacation	W4A - W5A	40 hours x \$12.75	510.00	2004 Vacation time earned in 2003 Unpaid Vacation Days (5 Accrued Days)
Personal	W4A - W5A	24 hours x \$12.75	306.00	2004 Personal/Sick time earned in 2003 Unpaid Personal Days (3 Accrued Days)
Christmas	W4A - W5A	8 hours x \$12.75	102.00	2003 Unpaid Holiday pay
New Year's	W4A - W5A	8 hours x \$12.75	102.00	2003 Unpaid Holiday pay
Wage Increase	W6A - W7A (Payroll Analysis Summary); W8A - W31A (2002 Payroll Detail); W8B - W30B (2003 Payroll Detail)	82 days x 8 hours x \$.75	492.00	Anticipated wage increase to have begun on employment anniversary date of 09/01/03. 09/01/03 thru 12/23/03 = 82 days (Sept. 22 days, Oct. 23 days, Nov. 20 days, Dec. 17 days). Calculation: 82 days x 8 hours x \$.75 = \$492
Bonus/Performance Incentive		Estimated	500.00	Anticipated 2003 Bonus (2002 Bonus was \$379 only employed 2 months)
		TOTAL	2,446.28	

3




Division of Unemployment Insurance
Employer Contributions Operations
P. O. Box 9953
Wilmington, DE 19809-0953
(302) 761-8482

R M BUTZ

2 CYMBAL CT
NEWARK

DE 19702

DELAWARE DEPARTMENT OF LABOR DIVISION OF UNEMPLOYMENT INSURANCE P.O. BOX 9953 WILMINGTON, DELAWARE 19809-0953 FED E.I. #51-6000279		Type or print PAYER's name, address, Zip code and Federal Identifying Number	Statement for Recipients of 2004 Unemployment Compensation Payments Copy B For Recipient
Recipient's identifying number 	1 Total unemployment compensation payments 726.00	4 Federal tax withheld 132.00	
Type or print RECIPIENT'S name, address and Zip code below. R M BUTZ 2 CYMBAL CT NEWARK DE 19702		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
Form 1099G		Department of the Treasury-Internal Revenue Service	

Notice to Recipient

The Revenue Act of 1978 requires payers to report unemployment compensation payments of \$10 or more. Payers must file Copy A of Form 1099-G with the Internal Revenue Service and must furnish Copy B of the form to the person receiving the payments, by January 31 of the year following the calendar year of the payments.

$$726/66 = 11 \text{ days}$$

Box 1 shows the total unemployment compensation paid to you this year by the Delaware Department of Labor, Division of Unemployment Insurance. Box 4 shows the amount of federal income tax withheld at your request from your unemployment compensation benefits. This information is to be used on your Federal income tax return. For more information and instructions on figuring the amount to be included on your Federal income tax return, see the instructions for your Federal income tax return and Publication 905, Tax Information on Unemployment Compensation.

WIA

DELAWARE DEPARTMENT OF LABOR

MONETARY DETERMINATION

YOUR BASE PERIOD		BEGINS		ENDS		NAME AND SOCIAL SECURITY NUMBER	
10-01-02		09-30-03		L.O. 2		F.C. 10	
YOUR BENEFIT YEAR		BEGINS		ENDS		213-94-7381	
01-25-04		01-23-05		R M BUTZ			
BASE PERIOD QUARTERS AND WAGES							
QRT	YR	QRT	YR	QRT	YR	QRT	YR
4	02	1	03	2	03	3	03
1496.00		6328.68		7936.38		6077.70	
6367.63							
EMPLOYER NAME AND NUMBER							
CAREER ASSOCIATES INC						0000626538	
LAWNS UNLIMITED LIMITED						0000670120	
TOTAL WAGES		MAX BENEFITS		WBA		DURATION	
28206.39		8,580.00		330.00		26 WEEKS 330 LAST WK	
CLAIMANT ADDRESS							
R M BUTZ 2 CYMBAL CT NEWARK DE 19703							

MESSAGE

PROCESS DATE

01-29-04

REDET

CLAIM DATE

01-25-04

$$330/5 = \$66/\text{day}$$

W2A

LAWNS UNLIMITED, LTD

Renee M Butz		12/12/2003	14698 YTD
2 Cymbal Court	Hourly Rate 1 (86.00@\$12.00)	1,032.00	23,286.36
Newark, DE 19702	Employee IRA	-50.00	-1,200.00
	Federal Tax Withholding	-74.00	-2,958.00
213-94-7861	Social Security Employee	-63.99	-1,693.14
	Medicare Employee	-14.97	-395.98
Used / Available	DE - Withholding	-26.71	-871.53
Sick 0.00 / 0.00	Hourly Rate 2	0.00	3,617.28
Vac 33.75 / 0.00	Vacation Hourly Rate	0.00	405.00

11/24/2003 - 12/07/2003 Pay Period

802.33

W3A



JOB DUTIES - OFFICE MANAGER

1. Motorola radio dispatch
2. Domestic tidying of office - cleaning of office or seeing that it is done, water plants, etc.
3. Completion of day, all files and work put away, desk cleaned off.
4. Completion and start of day, turn all machines on and off, lights, air conditioning, heat, answering machine, copier, time clock.
5. Keep up to date Gross receipts journal.
6. Make deposits daily, collect mail at post office, run small errands, office supplies, etc. with use of personal car
7. Pay all Lawns Unlimited bills accurately and on time.
8. Keep general journal sheets categorized, totalled, balanced and reconciled as each sheet is completed.
9. Answer phone, dispatch messages to employees.
10. Take work orders, estimates on phone & enter in computer.
11. Handle all estimates, work orders, invoices, statements, reports, etc. everything on computer.
12. Handle purchase orders, inventories.
13. Responsible for all computer work, bookkeeping, accounts payable/receivable, quarterly reports, Y/E tax accounting for CPA, W-2's, bank reconciliations.
14. Typing all proposals, letters, correspondence, etc.
15. Keep up rolodex to date (typed cards)
16. Balance and keep up petty cash.
17. Responsible for going over Daily Work Sheets with employees at end of day organizing and recording and billing chargeable time from them and organizing for Ed for payroll by Wednesday of each week.
18. Figuring and writing payroll checks weekly.
19. Going over time cards.
20. Abide by company policy.
21. Neat, clean appearance, no jeans or shorts in office.
22. Keep Ed and Jeanne abreast daily and weekly before leaving office of any message, daily accomplishments, etc.
23. Implement use of payroll, general ledger, accounts payable and inventories on computer.

W4A



JOB DUTIES - OFFICE MANAGER - CON'T.

24. Periodically or as necessary maintenance and clean all office equipment, copiers, typewriters, etc.
25. Assist Ed in keeping his desk organized and files.
26. Filing
27. Work up monthly minutes for corporate book.
28. Open mail, distribute, organize, answer any necessary correspondence.
29. Assist walk-in customers, sales reps, employees etc.
30. Enter payments and billings in computer.
31. Word processing, type letters

*Pension plan
offered after 1 year
of full time employment*

BENEFITS:

6 Paid Holidays: Memorial Day
4th of July
Labor Day
Thanksgiving
Christmas
New Years

Vacation: one week after 1 year of service
" 2 years of service
two weeks after 3 years of service

or Unpaid vacation by approval

Preferrably vacations taken during
slack time or off season.

Sick Days: 3 Paid Sick Days

Medical Insurance & Life Insurance:
50% paid by Employer
50% paid by Employee

paid on employee ↑

WSA

Lawns Unlimited Payroll Analysis

Employee Name	2002						2003						Increase		Comments
	Total Hours	Regular Pay Rate	Bonus/ Pay	Incentive	Paid Time Off or Vacation		Total Hours	Regular Pay Rate	Bonus/ Pay	Incentive	Paid Time Off or Vacation		Amt	%	
Employee 1	2,283	\$ 10.00	\$ 541				644	\$ 10.00	\$ -						Left LU in 2003
Employee 2	1,331	\$ 8.00	\$ 217				1,771	\$ 9.00					\$ 1.00	12.5%	
Employee 3							263	\$ 10.00							Started & left LU in 2003
Employee 4							1,114	\$ 8.00	\$ 217						Started LU in 2003
Employee 5							1,058	\$ 8.00	\$ 217						Started LU in 2003
Employee 6	121	\$ 7.00													Did not work at LU in 2003
Plaintiff	469	\$ 12.00	\$ 379				2,224	\$ 12.00		34 hrs \$405			\$ -	0.0%	
Employee 8	787	\$ 7.50					38	\$ 7.50							Left LU in 2003
Employee 9	2,435	\$ 11.00	\$ 1,083				2,458	\$ 12.00	\$ 1,624				\$ 1.00	9.1%	
Employee 10							1,357	\$ 9.00	\$ 217						Started LU in 2003
Employee 11							1,046	\$ 8.00							Started LU in 2003
Employee 12	53	\$ 7.50													Did not work at LU in 2003
Employee 13	281	\$ 8.00													Did not work at LU in 2003
Employee 14	33	\$ 10.00													Did not work at LU in 2003
Employee 15	165	\$ 7.00													Did not work at LU in 2003
Employee 16	520	\$ 8.50													Did not work at LU in 2003
Employee 17	2,613	\$ 9.00													Did not work at LU in 2003
Employee 18	12	\$ 6.15					-	\$ 6.15							Family Payroll
	Salary	\$ 7,800					Salary	\$ 10,400							
Employee 19	Salary	\$ 52,000					Salary	\$ 52,000							Owner
Employee 20	5	\$ 6.15					-	\$ 6.15							Family Payroll
	Salary	\$ 7,800					Salary	\$ 10,400							
Employee 21	Salary	\$ 7,600					Salary	\$ 9,225							Owner
Employee 22	96	\$ 7.00					8	\$ 7.00							Family Payroll
	Salary	\$ 7,800					Salary	\$ 2,400							
Employee 23	162	\$ 12.00					-	\$ 12.00							Family Payroll
	Salary	\$ 7,800					Salary	\$ 2,400							
Employee 24							Salary	\$ 5,400							Family Payroll
Employee 25	744	\$ 8.00													Did not work at LU in 2003
Employee 26	1,875	\$ 14.00													Did not work at LU in 2003
Employee 27	1,103	\$ 9.50	\$ 108				853	\$ 10.50					\$ 1.00	10.5%	
Employee 28	222	\$ 8.00													Did not work at LU in 2003
Employee 29							220	\$ 10.00							Started LU in 2003
Employee 30	91	\$ 14.00													Did not work at LU in 2003
Employee 31							224	\$ 7.00							Started LU in 2003
Employee 32	137	\$ 7.00													Did not work at LU in 2003
Employee 33	24	\$ 9.00													Did not work at LU in 2003
Employee 34	220	\$ 7.00													Did not work at LU in 2003
Employee 35							848	\$ 8.50							Started LU in 2003

WGA

Lawns Unlimited Payroll Analysis

Employee Name	2002							2003							Increase		Comments
	Total Hours	Regular Pay Rate	Bonus / Pay Incentive	Paid Time Off or Vacation	Total Hours	Regular Pay Rate	Bonus / Pay Incentive	Paid Time Off or Vacation	Total Hours	Regular Pay Rate	Bonus / Pay Incentive	Paid Time Off or Vacation	Amt	%			
Employee 36	0	\$ 10.00														Did not work at LU oin 02 or 03	
Employee 37	252	\$ 8.00							1,146	\$ 8.50			\$ 0.50	6.3%			
Employee 38	353	\$ 7.50														Did not work at LU in 2003	
Employee 39	686	\$ 14.50	71 hrs						696	\$ 15.50	104 hrs		\$ 1.00	6.9%			
	Salary	\$ 29,871	\$ 3,249	\$ 945					Salary	\$ 30,875	\$ 8,121	\$ 1,331					
Employee 40	402	\$ 7.50														Did not work at LU in 2003	
Employee 41									249	\$ 9.00						Began LU in 2003	
Employee 42	262	\$ 7.00														Did not work at LU in 2003	
Employee 43	322	\$ 7.00							108	\$ 7.00						Left LU in 2003	
Employee 44									704	\$ 8.00						Began LU in 2003	
Employee 45	683	\$ 7.00							317	\$ 7.50			\$ 0.50	7.1%			
Employee 46	84	\$ 13.00	69 hrs													Did not work at LU in 2003	
	Salary	\$ 14,180	\$ 861														
Employee 47									1,398	\$ 10.50	\$ 379					Began LU in 2003	
Employee 48									2,112	\$ 7.75	\$ 217					Began LU in 2003	
Employee 49	719	\$ 8.00							1,828	\$ 9.00			\$ 1.00	12.5%			
Employee 50	427	\$ 8.00														Did not work at LU in 2003	
Employee 51	28	\$ 7.50														Did not work at LU in 2003	
Employee 52	629	\$ 12.50	72 hrs						644	\$ 13.00	104 hrs		\$ 0.50	4.0%			
	Salary	\$ 25,179	\$ 1,624	\$ 732					Salary	\$ 26,067	\$ 1,624	\$ 1,193					
Employee 53	35	\$ 6.50														Did not work at LU in 2003	
Employee 54	1,594	\$ 10.00	\$ 541						2,721	\$ 12.00	\$ 541		\$ 2.00	20.0%			
Employee 55	104	\$ 10.00							975	\$ 12.00	24 hrs \$288		\$ 2.00	20.0%			
Employee 56	232	\$ 9.00							19	\$ 9.00						Left LU in 2003	
Employee 57	2,135	\$ 8.00														Did not work at LU in 2003	
Employee 58									1,748	\$ 8.50						Started LU in 2003	
Employee 59	795	\$ 7.50														Did not work at LU in 2003	
Employee 60	2,089	\$ 9.00							159	\$ 9.00						Left LU in 2003	
Employee 61									1,868	\$ 8.50	\$ 217					Started LU in 2003	
Employee 62	1,205	\$ 15.00	\$ 541						0	\$ 15.00						Did not work at LU in 2003	
Employee 63									1,517	\$ 13.00	\$ 379					Started LU in 2003	
Employee 64									133	\$ 14.50						Stated LU in 2003	
Employee 65									1,111	\$ 12.00						Started LU in 2003	
Employee 66									1,811	\$ 12.00	\$ 217					Started LU in 2003	
Employee 67									2,012	\$ 9.00	\$ 217					Started LU in 2003	
Employee 68									2,264	\$ 10.00	\$ 217					Started LU in 2003	
Employee 69									253	\$ 10.00	\$ 108					Started LU in 2003	
Employee 70	1,110	\$ 12.00							884	\$ 12.00						Left LU in 2003	

W7A

Lawns Unlimited, Ltd.

Pay Day Date

Pay Period: January 1 thru December 31, 2002

EMPLOYEE 1

Alcaraz, Natividad

EMPLOYEE 2

Alcaraz, Ricardo

	Hours	Rate	Jan - Dec 02	Hours	Rate	Jan - Dec 02
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Salary			0.00			0.00
Hourly Rate 1	1,854.71	10.00	17,279.62	1,026.36	8.00	7,970.88
Hourly Rate 2	428.75	15.00	6,042.40	304.69	12.00	3,525.24
Office Hourly Rate 2			0.00			0.00
Bonus			541.42			216.57
Total Gross Pay			23,863.44			11,712.69
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			23,863.44			11,712.69
Taxes Withheld						
Federal Tax Withholding			-249.00			-24.00
Medicare Employee			-346.02			-169.83
Social Security Employee			-1,479.53			-726.19
DE - Withholding			-115.04			-10.99
Total Taxes Withheld			-2,189.59			-931.01
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			21,673.85			10,781.68
Employer Taxes and Contributions						
Federal Unemployment			56.00			56.00
Medicare Company			346.02			169.83
Social Security Company			1,479.53			726.19
DE - Unemployment Company			25.50			25.50
401K			0.00			0.00
Total Employer Taxes and Contributions			1,907.05			977.52

W8A

Lawns Unlimited, Ltd.

Pay Day Date

Pay Period: January 1 thru December 31, 2002

~~EMPLOYEE 6~~

Bak, Leszek B

PLAINTIFF

Butz, Renee M

	Hours	Rate	Jan - Dec 02	Hours	Rate	Jan - Dec 02
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Salary			0.00			0.00
Hourly Rate 1	106.5	7.00	745.50	407.67	12.00	5,020.29
Hourly Rate 2	14.5	10.50	152.25	61.13	18.00	1,100.34
Office Hourly Rate 2			0.00			0.00
Bonus			0.00			379.00
Total Gross Pay			897.75			6,499.63
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			897.75			6,499.63
Taxes Withheld						
Federal Tax Withholding			-88.00			-773.00
Medicare Employee			0.00			-94.24
Social Security Employee			0.00			-402.98
DE - Withholding			-19.77			-205.45
Total Taxes Withheld			-107.77			-1,475.67
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			789.98			5,023.96
Employer Taxes and Contributions						
Federal Unemployment			0.00			52.00
Medicare Company			0.00			94.24
Social Security Company			0.00			402.98
DE - Unemployment Company			2.69			19.50
401K			0.00			0.00
Total Employer Taxes and Contributions			2.69			568.72

Lawns Unlimited, Ltd.

Pay Day Date

Pay Period: January 1 thru December 31, 2002

~~Employee 8~~
Camper, John M~~Employee 9~~
Cantu, Cesar A

	Hours	Rate	Jan - Dec 02	Hours	Rate	Jan - Dec 02
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Salary			0.00			0.00
Hourly Rate 1	787.43	7.50	5,905.77	1,993.3	11.00	20,877.55
Hourly Rate 2		11.25	0.00	441.7	16.50	6,964.84
Office Hourly Rate 2			0.00			0.00
Bonus			0.00			1,082.84
Total Gross Pay			5,905.77			28,925.23
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			5,905.77			28,925.23
Taxes Withheld						
Federal Tax Withholding			-787.00			-462.00
Medicare Employee			-85.63			-419.42
Social Security Employee			-366.16			-1,793.36
DE - Withholding			-249.09			-222.38
Total Taxes Withheld			-1,487.88			-2,897.16
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			4,417.89			26,028.07
Employer Taxes and Contributions						
Federal Unemployment			47.25			56.00
Medicare Company			85.63			419.42
Social Security Company			366.16			1,793.36
DE - Unemployment Company			17.72			25.50
401K			0.00			0.00
Total Employer Taxes and Contributions			516.76			2,294.28

W10A

Lawns Unlimited, Ltd.

Pay Day Date

Pay Period: January 1 thru December 31, 2002

EMPLOYEE 12

Dailey, Donald L

EMPLOYEE 13

Davis, Melissa L

	Hours	Rate	Jan - Dec 02	Hours	Rate	Jan - Dec 02
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Salary			0.00			0.00
Hourly Rate 1	52	7.50	390.00	280.5	8.00	2,244.00
Hourly Rate 2	0.75	11.25	8.44		12.00	0.00
Office Hourly Rate 2			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			398.44			2,244.00
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			398.44			2,244.00
Taxes Withheld						
Federal Tax Withholding			-18.00			-31.00
Medicare Employee			-5.78			-32.54
Social Security Employee			-24.70			-139.13
DE - Withholding			-1.47			0.00
Total Taxes Withheld			-49.95			-202.67
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			348.49			2,041.33
Employer Taxes and Contributions						
Federal Unemployment			3.19			17.95
Medicare Company			5.78			32.54
Social Security Company			24.70			139.13
DE - Unemployment Company			1.20			6.73
401K			0.00			0.00
Total Employer Taxes and Contributions			34.87			196.35

W11A

Lawns Unlimited, Ltd.

Pay Day Date

Pay Period: January 1 thru December 31, 2002

EMPLOYEE 14
Davis, Richard DEMPLOYEE 15
Dimitrov, Dimitar P

	Hours	Rate	Jan - Dec 02	Hours	Rate	Jan - Dec 02
Employee Wages, Taxes and Adjustments						
Gross Pay						
Officer Salary			0.00			0.00
Paid Time Off-Salary			0.00			0.00
Salary			0.00			0.00
Hourly Rate 1	32.75	10.00	327.50	164.75	7.00	1,153.25
Hourly Rate 2		15.00	0.00		10.50	0.00
Office Hourly Rate 2			0.00			0.00
Bonus			0.00			0.00
Total Gross Pay			327.50			1,153.25
Deductions from Gross Pay						
Employee IRA			0.00			0.00
Time Off			0.00			0.00
Total Deductions from Gross Pay			0.00			0.00
Adjusted Gross Pay			327.50			1,153.25
Taxes Withheld						
Federal Tax Withholding			0.00			-54.00
Medicare Employee			-4.75			0.00
Social Security Employee			-20.31			0.00
DE - Withholding			0.00			-5.66
Total Taxes Withheld			-25.06			-59.66
Deductions from Net Pay						
Medical Insurance			0.00			0.00
Total Deductions from Net Pay			0.00			0.00
Additions to Net Pay						
Employee Advance			0.00			0.00
Total Additions to Net Pay			0.00			0.00
Net Pay			302.44			1,093.59
Employer Taxes and Contributions						
Federal Unemployment			2.62			6.72
Medicare Company			4.75			12.18
Social Security Company			20.31			52.08
DE - Unemployment Company			0.98			3.46
401K			0.00			0.00
Total Employer Taxes and Contributions			28.66			74.44

w12A